

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED JUL 26 1957

25934

State File No. 6349

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 6349	
1. PLACE OF DEATH a. COUNTY <b>MISSOURI</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>TENNESSEE</b> b. COUNTY <b>OBION</b>			
b. CITY OR TOWN <b>ST. LOUIS</b>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <b>Union City</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>40 MISSOURI PAS. HOSPITAL</b>				e. STREET ADDRESS (If rural, give location) <b>P.O. BOX 67</b>			
3. NAME OF DECEASED (Type or Print) <b>Samson</b>		a. (First)		b. (Middle)		c. (Last) <b>Bell</b>	
4. DATE OF DEATH <b>7 5 57</b>		5. SEX <b>Male</b>		6. COLOR OR RACE <b>Color</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <b>WIDOWED</b>	
8. DATE OF BIRTH <b>March 18, 1882</b>		9. AGE (In years last birthday) <b>75</b>		10. IF UNDER 1 YEAR Months Days Hours Min.		11. IF UNDER 1 MRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>TRUCKER</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>TENNESSEE</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A</b>	
13a. FATHER'S NAME <b>HENRY BELL</b>		13b. MOTHER'S MAIDEN NAME <b>MARY SIMMS</b>		14. NAME OF HUSBAND OR WIFE <b>Unavailable</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>YES. WORLD WAR I</b>		16. SOCIAL SECURITY NO. <b>UNK</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Leonard Simms</b> ADDRESS <b>Union City, Tenn.</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Bronchopneumonia</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>bronchus carcinoma</b> DUE TO (c) <b>Heart Failure</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death <b>Arteriosclerotic Ht. Disease</b>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>163x</b>				20. AUTOPSY? <b>2</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>May 13, 1957</b> , to <b>July 5, 1957</b> , that I last saw the deceased alive on <b>7-5-57</b> , and that death occurred at <b>3:30 p.m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or Title) <b>Charles Krommel, M.D.</b>				23b. ADDRESS <b>1755 S. Grand</b>		23c. DATE SIGNED <b>7-5-57</b>	
24a. BURIAL CREMATION REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>7-7-1957</b>		24c. NAME OF CEMETERY OR CREMATORY <b>LOCAL</b>		24d. LOCATION (City, town, or county) (State) <b>Union City, Tenn.</b>	
DATE REC'D BY LOCAL <b>JUL 8 1957</b>		REGISTRAR'S SIGNATURE <b>Carl Smith</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Albert H. Hoppe</b> ADDRESS <b>4700 Washington Blvd.</b>			

(Licensed Embalmer's Seal on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JUL 26 1954

FEB 26 1958

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed

by me, or by....., Student Embalmer No.....

working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 4108

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.